

BRIEF RESUME OF AD HOC COMMITTEE MEETING  
ON MEDICAL INTELLIGENCE ON

14 November 1947

The meeting was sponsored by the Central Intelligence Agency under the chairmanship of [REDACTED]

The following representatives were present:

|                          |                         |
|--------------------------|-------------------------|
| Mr. W. T. Has            | - State Department      |
| Dr. D. E. V. Henderson   | - ID, WDGS              |
| Dr. A. R. Turner         | - SCQ, USA              |
| Captain F. R. Duborg     | - ONI, USN              |
| Lt. Cdr. E. D. Casteel   | - Bu Med, USN           |
| Lt. (J.G.) A. Hagelstein | - Office Naval Research |
| Major T. W. Wolfe        | - USAF                  |
| Major P. B. Watkins      | - DSG, USAF             |
| Dr. J. A. Soull          | - USPHS                 |

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The purpose of the meeting was to formulate a plan for coordinating the activities of all agencies in the field of medical intelligence.

The Chairman suggested that the first step in the plan appeared to be to ascertain the capabilities of the agencies represented for collection and production of information, in foreign areas, together with what information was at present available in the following broad categories:

- (a) Public Health
- (b) Medical Facilities [REDACTED]
- (c) Vital Statistics
- (d) Disease Information

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At this point the meeting was turned over to [REDACTED] who has made an extensive study of certain phases of the subject.

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25X1A [REDACTED] presented a world chart which showed by shaded areas the amount of coverage in the medical field in the various countries which was now available, in accordance with current SOO "TB Meds". Work is now in progress for the publication of "TB Meds" on several additional areas.

The chart disclosed that there were some areas in which the coverage was very meager, or practically non-existent. He presented copies of the U. S. Army (Surgeon General's Office) publication or technical bulletins (TB Meds) on several countries to show the work that had been carried on by that office.

The various agency representatives were then asked to discuss what their staffs and capabilities were at present for the collection and production of medical intelligence.

In general, the service agencies considered that although their capabilities and staffs during the war were fairly adequate and that they had good coverage in occupied areas, at present the facilities were not what would be desired to carry out any very extensive program.

The Air Force representative pointed out that his was a highly technical and specialized field that would require skilled flight surgeons in the field to adequately report any data that would be of value.

Dr. Turner of the SGO explained in further detail the work carried out by them, and it appeared that several agencies represented at the meeting were dependent on the SGO for material to fulfill numerous of their requirements.

The Navy representative stated that they had several missions in the field at present in specific areas, but that their overall coverage was quite limited.

Mr. Hiss, State Department, stated that no formal program at present existed within his Department, but that reports were received from the embassies from time to time on medical and public health subjects.

Dr. Doull of the Public Health Service stated that his department had from 75 to 100 officials located in foreign areas usually attached to consular posts and missions, but merely for the physical examination of immigrants. Dr. Doull brought out that there was an exchange of information on the five major epidemic diseases, by international agreement, which would be handled by the World Health Organisation. He further stated that a new form for reporting on medical information by U. S. Consuls had been prepared which would result in more comprehensive coverage from this source, particularly in the field of basic information.

Dr. Doull also made the suggestion that it would be of very great benefit to all agencies concerned if there could be a medical officer accredited to all principal embassies. This idea was fully concurred in. However, personnel and budgetary limitations are such at present that very little can be done.

Two points which were brought out during the course of the discussions were, one, that the project under discussion was classified not from the viewpoint of the individual subject matter, but for the reason that it was desirable to conceal the fact that we were particularly interested in any one or various phases of medical information on any one country. The second point referred to was that of the relation between biological warfare activities and the coordination of medical intelligence. It was generally agreed that while certain phases of each program would undoubtedly be related and should be integrated, that the two projects should be kept separate.

The formulation of the overall plan was then discussed, and it was suggested by the Chairman that agency representative prepare briefly a list of the material of medical intelligence value which his agency now had available, together with the gaps or requirements in information necessary for them to fulfill their functions.

At the suggestion of Captain Duborg, it was agreed that the Central Intelligence Agency should prepare a memo to all agencies concerned, for standardization purposes, enumerating the information desired from each agency as to their material on hand and their capabilities. When this material is collected, another meeting will be held to coordinate this information and prepare requirement lists for all agencies, both in the category of basic and current information.